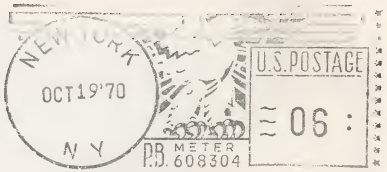
CHELSEA NATIONAL BANK
250 NINTH AVENUE
NEW YORK, N.Y. 10001



EA NATIONAL
NK THAT
T WORK
RS' HOURS....

THEODOR H. NELSON
DEBORAH S. NELSON
458 W. 20TH ST.
NEW YORK, N.Y. 10011

STATEMENT OF ACCOUNT WITH

CHELSEA NATIONAL BANK

NEW YORK, N. Y.

MEMBER
FEDERAL DEPOSIT INSURANCE CORPORATION

PREVIOUS STATEMENT BALANCE	ADDITIONS NUMBER	ADDITIONS DEPOSITS • CREDITS	DEDUCTIONS NUMBER	DEDUCTIONS CHECKS • DEBITS	SERVICE CHARGE	DATE OPENED
4.75		.00		.00	.50	08 68

ACCOUNT NUMBER	DATE	STATEMENT BALANCE AMOUNT
11 2150 9	10-15-70	4.25

THEODOR H. NELSON 0
DEBORAH S. NELSON
458 W. 20TH ST.
NEW YORK, N.Y. 10011

CHELSEA NATIONAL
THE BANK THAT
DOESN'T WORK
BANKERS' HOURS....

HOURS

MONDAYS 8 A.M. TO 7 P.M.
TUESDAYS THRU FRIDAYS 8 A.M. TO 6:30 P.M.

ARE YOU USING CHELSEA FOR ALL YOUR BANKING NEEDS?

CHECKS	DEPOSITS	DATE	BALANCE
50SC		10 15	425

DM – DEBIT MEMO

RI – RETURN ITEM FROM DEPOSIT

SC – SERVICE CHARGE

CC – CERTIFIED CHECK

LS – LIST OF CHECKS

CM – CREDIT MEMO

RC – RETURN CHECK

EC – ERROR CORRECTION

OC – OVERDRAFT CHARGE

OD – ACCOUNT OVERDRAWN

IN – INTEREST

IC – INTEREST CREDIT

* – USING RESERVE

XR – RESERVE EXCEEDED

PLEASE COMPLETE THE CHANGE OF ADDRESS REQUEST ON THE BACK OF THIS FORM IF YOUR ADDRESS IS INCORRECT.

THE STATEMENT BALANCE SHOWN WILL BE CONSIDERED CORRECT UNLESS YOU ADVISE US OF ANY ERROR WITHIN 10 DAYS.

CSV 157B REV. 6-69

TO BALANCE YOUR ACCOUNT

1. SORT CHECKS EITHER BY DATE OR NUMBER ORDER.
2. CHECK OFF ALL CHECKS RETURNED WITH THIS STATEMENT IN YOUR CHECKBOOK.
3. LIST CHECKS UNPAID. WRITTEN BUT NOT YET CHARGED TO YOUR ACCOUNT.

CHECK NO.	CHECK AMOUNT
TOTAL	

STATEMENT BALANCE SHOWN ON THIS STATEMENT	
ADD DEPOSITS OUTSTANDING NOT YET CREDITED TO YOUR ACCOUNT	
TOTAL	
SUBTRACT TOTAL CHECKS UNPAID	
ADJUSTED STATEMENT BALANCE	
CHECKBOOK BALANCE	
SUBTRACT SERVICE CHARGE HERE, AND IN YOUR CHECKBOOK	
ADJUSTED CHECKBOOK BALANCE	

ADJUSTED STATEMENT BALANCE AND CHECKBOOK BALANCE SHOULD AGREE

TO CHANGE YOUR ADDRESS, COMPLETE THIS FORM, CUT ALONG THE DOTTED LINES AND MAIL TO YOUR BRANCH.

CHANGE OF ADDRESS REQUEST

ACCT. NO. ____________

PLEASE CHANGE MY ADDRESS ON THE FACE OF THIS STATEMENT TO READ AS FOLLOWS:

NUMBER AND STREET ____________ CITY ____________ STATE ____________ ZIP CODE ____________

DATE ____________ AUTHORIZED SIGNATURE ____________